STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING					FORM 3 AMENDED REPORT			
APPLICATION FOR PERMIT TO DRILL					1. WELL NAME and NUMBER NBU 920-23M			
2. TYPE OF WORK DRILL NEW WELL REENTER P&A WELL DEEPEN WELL					3. FIELD OR WILDCAT NATURAL BUTTES			
4. TYPE OF WELL Gas Well Coalbed Methane Well: NO					5. UNIT or COMMUNITIZATION AGREEMENT NAME NATURAL BUTTES			
6. NAME OF OPERATOR KERR-MCGEE OIL & GAS ONSHORE, L.P.					7. OPERATOR PHONE 720 929-6587			
8. ADDRESS OF OPERATOR P.O. Box 173779, Denver, CO, 80217					9. OPERATOR E-MAIL mary.mondragon@anadarko.com			
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE)	I	11. MINERAL OWNERSHIP FEDERAL () INDIAN () STATE () FEE ()			12. SURFACE OWNERSHIP			
13. NAME OF SURFACE OWNER (if box 12 = 'fee')			IAN STATE () FEE ()	14. SURFACE OWNER PHONE (if box 12 = 'fee')			
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15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')					16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Tribe		18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES (Submit Commingling Application) NO (VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL	FO	OTAGES	QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE	CATION AT SURFACE 510 FSL 821		SWSW	23	9.0 S	20.0 E	S	
Top of Uppermost Producing Zone 510 FS		6L 821 FWL	SWSW	23	9.0 S	20.0 E	S	
At Total Depth	510 FSL 821 FWL		SWSW	23	9.0 S	20.0 E	S	
21. COUNTY UINTAH 22. DISTANCE TO NEAREST				T LEASE LINE (Feet) 23. NUMBER OF ACRES IN DRILLING UNIT 2091				
25. DISTANCE TO NEARES (Applied For Drilling or Co								
27. ELEVATION - GROUND LEVEL 4852	28. BOND NUMBER			29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE Permit #43-8496				
		Α٦	TTACHMENTS		1			
VERIFY THE FOLLOWING	ARE ATTACH	ED IN ACCORCANG	CE WITH THE UT	TAH OIL AND O	GAS CONSERVATI	ON GENERAL RU	ILES	
WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN				
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER				
DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)				TOPOGRAPHICAL MAP				
NAME Kathy Schneebeck-Dulnoan TITLE Staff Regulatory Analyst			yst	PHONE 720 929-6007				
SIGNATURE DATE 08/11/2009				EMAIL Kathy.S	chneebeckDulnoan@a	nadarko.com		
APPROVAL APPROVAL								
		Permit Manager	r 7.3					

